Table 12

Priority Groups for Targeted Testing and Treatment of Latent TB Infection (Children) with TST Cut-Points and Recommended Testing Frequency		
TST Positive	**Risk Group**	**Testing Frequency**
≥ 5 mm	***HIV infected children***	At diagnosis, annually (only if other TB risk factors) and with immune reconstitution (CD_4 > 200)
	Contacts of persons with confirmed or suspected TB	Baseline, and if negative, 10-12 weeks after exposure ended
	Radiographic or clinical findings suggesting TB	Immediately
≥ 10 mm	***Children*** ≥ 6 months who have immigrated ***from*** or lived ≥ 12 months in ***high incidence countries***	Immediately
	Foreign born children from high incidence countries who do not have prior Mantoux skin test results documented in the U.S.	Upon school entry
	Children with the following medical conditions (e.g., diabetes mellitus, lymphoma , chronic renal failure, being 10% below ideal bodyweight, leukemias and other malignancies)	At diagnosis
	Children ≥ 6 months of age ***upon entry into the foster care system***	Prior to foster placement
	Children exposed to high risk adults: • living in households with HIV infected adults • from migrant farmworker families	Test Every 2-3 years
	Incarcerated adolescents	Upon incarceration and annually

Table 13

Tuberculin Skin Test Cut-Points by Age Low Risk Persons	
Adults	15 mm
Children Age ≥ 5	15 mm
Ages 1- 4	10 mm
Age < 1	5 mm

Table 14

Regimens for Treatment of Latent TB infection and Recommended Monitoring

Children (ages 0-18)			**Children - INH**
[c]**Isoniazid (INH) 9 months** Dispense only one month supply at a time	Daily	INH 10-20 mg/kg (Max:300 mg)	**Clinical Monitoring** **Pretreatment:** ask about other medications and medical conditions, allergies **Monthly (in person):** check for anorexia, nausea vomiting, abdominal pain, dark urine, jaundice, scleral icterus, rash, fatigue, fever or paresthesias. **Laboratory –** no routine studies needed